

**STRATEGY  
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**THE PSYCHOLOGICAL EFFECTS OF COMBAT**

**BY**

**GRADY M. EMBREY**  
Department of Defense

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## **The Psychological Effects of Combat**

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## ABSTRACT

AUTHOR: Grady M. Embrey

TITLE: The Psychological Effects of Combat  
FORMAT: Strategy Research Project

DATE: 10 April 2000

PAGES: 27

CLASSIFICATION: Unclassified

This paper addresses the psychological impact of combat service. The content will trace the history of the psychological effects of combat, addressing personal accounts, symptoms, diagnosis, and treatment through the Civil War, World War I, World War II, and Vietnam. The paper will conclude with recommendations on how to prepare individuals for combat, sustain them while engaged, and treat them at the end of their combat exposure.



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## THE PSYCHOLOGICAL EFFECTS OF COMBAT

Throughout the ages military professionals, psychologists, and experts in every field have attempted to screen individuals heading off to war, to determine who are those most capable, both mentally and physically, of withstanding the rigors of battle. The gut-wrenching experiences of combat have left indelible scars on the minds and emotions of those who have served. Beginning with the Civil War, medical experts have termed the psychological effects of combat, "Dementia" or "Melancholia"; the great World Wars deemed the psychological effects of combat disorders "Shell Shock" and "Combat Fatigue", respectively. Finally, the Vietnam era medical community came up with the moniker, Post-Traumatic Stress Disorder (PTSD). This paper will trace the history of the psychological effects of combat, addressing personal accounts, symptoms, diagnosis, and treatment through the Civil War, World War I, World War II, and Vietnam. The paper will conclude with recommendations on how to prepare individuals for combat, sustain them while engaged, and treat them at the end of their combat exposure.

### CIVIL WAR

"Michael Schwenk of the 56<sup>th</sup> New York Infantry was sent in 1864 to Beaufort and Morris Island, South Carolina, where his unit was engaged in a series of raids and night attacks. "Sunstruck," Schwenk threatened others with an axe; he then went on a rampage at night with his gun, seeking to kill other Union soldiers. Schwenk was captured, confined, and sent to the Government Hospital for the Insane in Washington, D.C. (later to be known as Saint Elizabeth's)." <sup>1</sup>

"Gallant leadership of his unit during heavy fighting at the Battle of Chickamauga earned Lt. Col. Newell Gleason of the 87<sup>th</sup> Indiana Infantry a promotion to brevet brigadier general, but after the Atlanta Campaign of 1864, his men noticed that he seemed nervous and "rattled." After the war, Gleason's life was plagued by depression, troubled sleep, and an inability to concentrate. The Pension Bureau ruled his death in 1886 a suicide." <sup>2</sup>

"Like many Union veterans, David Wiltsee of the 2<sup>nd</sup> Indiana Cavalry was greeted at the end of the war with official speeches and parades at his home state in Indianapolis as well as an exuberant welcome from his family and relatives at his home in Wabash Indiana. In 1888, melancholy, restless, and suicidal, he was committed to the Indiana Hospital for the Insane. As is frequently the case with fragmentary nineteenth-century records, it is difficult to tell whether Wiltsee's mental breakdown was service related." <sup>3</sup>

As stated in the personal accounts of the Civil War veterans above, the intense experiences of war have had their psychological impact on those participants. Although the participants return home from battle, often the memories and emotional trauma are perpetually re-lived. It was not until the 20<sup>th</sup> century that the medical profession actually connected these emotional traumas with the war time experience. Today, the psychological aftermath of combat experience is known as Post-Traumatic Stress Disorder (PTSD). This name originally appeared in 1980. However, during the Civil War, emotional scars were known as "diseases of the soul". "At the time, physicians attributed the symptoms to a disturbance of the

sympathetic nervous system and called it Irritable Heart or DaCosta's Syndrome. In the field, the frequently prescribed cure for the chronically morose, "unfit" soldier was a good dose of battle. Soldiers exhibiting very bizarre or extreme behavior were thought chronically insane. In all cases, psychological illness was not attributed to the war experience. "<sup>4</sup>

When it came to the point where the medical community had to determine whether an individual was fit for continued military service or dismissed other terms and diagnostic categories were used such as "insanity", "nostalgia" (dreaming of happier times and places, i.e., at home or with relatives and loved ones), and "sunstroke". If an individual was declared insane he was, obviously, declared unfit for military service and sent to the Government Hospital for the Insane. "In the nineteenth century, while the concept of insanity was in transition, the four-thousand-year-old Greek diagnostic system of "mania", "melancholia," and "dementia" was still employed. Roughly speaking, if a person was agitated and anxious and his condition was not attributable to some somatic condition such as fever, he would be diagnosed as having mania. If he were depressed or lethargic, then he would be considered to be suffering from melancholia. If there was deterioration in the mental processes involving disordered thinking, then dementia would be diagnosed."<sup>5</sup>

In many instances individuals actually "lost it" prior to war due to either nervousness brought on by the anticipation of war or the austere living conditions of military life. In comparison to other wars fought after the Civil War, one could hardly compare the hardships endured to those of the Civil War veterans. The 11<sup>th</sup> Indiana Infantry marched a total of 9,318 miles. One soldier commented that walking isn't a problem, but walking with a knapsack full of clothing, a blanket, half tent, several days rations, gun, ammunition, and other items, in the heat of summer, is extremely difficult. Civil War soldiers quickly learned to lose everything from their packs that was not absolutely essential, i.e., coats, blankets, and other winter gear, that was sorely missed when the seasons changed. Others commented of enduring severe headaches and constant nausea due to the incessant marching with very few rest periods.

Many Confederate troops had no shoes, and walking on gravel roads took its toll. Most men would tie rags around their feet for protection against the elements. When the hard-marching soldier reached his destination things did not ease, he was constantly exposed to the elements. These individuals slept in the cold of winter, on the open ground, often during freezing rainstorms, with only a single blanket. Letters and diaries stated the winter conditions were almost unbearable, troops would wake up covered by snow, with boots, clothing, and even their bodies seemingly frozen. "One Confederate who was called out in the middle of the night recalled: 'I had gotten chilled and my teeth were glued together and a feeling of complete wretchedness came over me as I took my place in the ranks to march to the front.' Pension claims after the war were frequently noted and accepted as 'exposure in the Army'."<sup>6</sup> The suffering, due to exposure to the elements, lack of rations, infestation of lice, and nerve wracking anticipation of battle, was so intense most would pray for the battle at hand to begin. To add to the hardships, during the Civil War, for every battle death, two men died of infectious

disease, such as malaria, small pox, typhoid, and the like, due primarily to the lack of basic personal hygiene and the lack of sound medical practices typical of the period.

Many individuals had to be released from the military due to the trauma caused by the hardships of military life, prior to any exposure to the battlefield. But those that did participate in the battle experienced more than many of them bargained for, far from the glories of war they'd heard about. As the troops assembled and moved to the front to enter combat, men began to experience the most horrific anxiety, fear, and tension imaginable. It was particularly difficult for the new recruits to be within earshot of the battlefield, to hear the bullets, exploding shells, and screams of the combatants, without yet being engaged. "One Union soldier, Rice Bull, depicted the terrific anxiety of the moment as his unit awaited the order to move forward at the Battle of Chancellorsville and, while waiting, witnessed terror-stricken Union troops fleeing from the battlefield for the rear. These men had thrown away everything that was loose, guns, knapsacks, caps, and coats. 'Nothing could stop them. They were crazed and would fight to escape as though the enemy were close to them. One could hardly conceive of the terror that possessed them, their panic was nerve-wracking to the troops new to the service.' Another commented that one endures battle seconds at a time and the time stagnates, minutes seem like an eternity, with everything you can imagine going through your mind. Sometimes the fear was so intense that men would fall to the ground paralyzed with terror, bury their face in the grass, grasp at the earth, and refuse to move."<sup>7</sup>

For most men, once they actually entered the battle and fired their guns, the fear and anxiety would subside. Although men were able to concentrate on the task at hand and put personal safety aside for the moment, they witnessed (and reacted to) horrific scenes of slaughter, and those sights eventually took their toll. Unfortunately, the danger in this is that most felt a reckless disregard for life, they felt invincible. Six months of combat exposure seemed to be the timeline for veterans to become emotionally detached. There were many reports of soldiers using dead bodies as pillows for sleep after an exhausting, several day campaign. Neither conversations nor meals would be interrupted after the death of a comrade, it became commonplace and no longer a startling event. For those few who did not sense this immortality the rigors of battle laid indelible impressions on their fragile emotional states.

"Albert Frank, sitting in a trench near Richmond, VA, offered a drink from his canteen to a man sitting next to him. Frank kept the strap around his own neck and extended the canteen to the other man's mouth for him to take a drink, but at just this moment a shell decapitated the other man, splattering blood and brain fragments on Frank. The shell continued on, exploded to the rear of the trench, and in no way directly injured Frank. That evening, Albert Frank began to act strangely, and a fellow soldier advised that he go to the bomb shelter; once there Frank began screaming, ran out the other door, and went over the top of the breastworks toward the enemy. His fellow soldiers, alarmed, went looking for him, and eventually found him huddled in fear. On the way back to Union lines, he seemed to go mad: He would drop his gun, and make a noise like the whiz of a shell, and blast and say 'Frank is killed'. Because he had completely lost control, his comrades tied him up that night to restrain him and took him to the doctor

the next day. There he was declared insane, and sent to the Government Hospital for the Insane in Washington, D.C."<sup>8</sup>

Due to the experience of the Civil War it first came to light that those men in a passive position of helplessness, when being shelled by artillery fire, seemed to be the most vulnerable to intense fear, anxiety, and in the end, emotional breakdown. This intensity would be exacerbated in WWI but it certainly started with the cannon fire of the Civil War.

Treatment of these emotional casualties during the Civil War was archaic to say the least. The theory of the day was to keep men in the ranks at all costs, contrary to the policy in later wars. The impetus behind this line of thinking was that any soldier that claimed to be a "psyche case" was deemed a coward or malingerer. If the man were truly ill or hopelessly insane he would show up at sick call again anyway, and could eventually be granted a medical discharge.

One example of soldiers helping a comrade overcome his fear of battle, after being wounded by a spent ball, was to tie him up in the midst of the next day's battle. One man described his subsequent behavior, "he grabbed both hands over his bowels and hallowed and screamed and was about frightened to death."<sup>9</sup> If he had not previously been on the verge of a mental collapse, this draconian treatment certainly set him over the edge. He subsequently deserted, but was recaptured and released on the grounds of insanity. "He was eventually sent to the Government Hospital for the Insane in 1865 with acute mania. After being discharged, his condition continued to deteriorate, and his mother recalled that one day he was standing, looking out the window, when suddenly he exclaimed, ' They are after me, They are after me'. He was re-committed to the Insane Asylum in his home state of Maine, where he lived out the rest of his life."<sup>10</sup>

Most individuals deemed insane were sent to the asylum temporarily, then released to relatives for long term care. Only the incorrigibles or chronically insane went to the asylum long term. The asylums refrained from shackling patients whenever possible. The intent was to provide a pleasant environment of "moral therapy." This entailed providing a friendly and supportive regiment, including moderate work, rest, and social activities such as dances, plays and lectures. The cure rate was allegedly high; up to 90% of veterans were "cured." On the contrary, when the asylums were full and relatives could no longer accommodate or control the emotionally stressed veterans they were sent to local jails for housing. Depending on the condition of the veteran they might be freed for the day to attend work and then return to the jail at night. Those with the misfortune of being misdiagnosed as malingerers or shirkers were either shot, imprisoned, or court-martialed, or worse, as in the case listed above.

Although the study of combat stress disorders didn't really amount to much until after World War II, many experts in the medical field would agree, in retrospect, that the Civil War veterans may have suffered the most. This was due primarily to lack of knowledge of the subject and the extremely dire conditions of the soldiers, i.e., poor nutrition and clothing, exposure to the elements, archaic medical practices, and virtually no knowledge of the treatment of psychological stress disorders caused by combat.

As will be seen in the study of these disorders in future battles, education, awareness, and treatment did improve, but not significantly until well past the end of the Vietnam War.

## **WORLD WAR I**

The next major conflict, World War I, brought a new industrialization of the battlefield and with it came a tremendous amount of psychological damage. "Between 1914 and 1918 the British Army identified 80,000 men (2% of those who saw active service) as suffering from shell-shock. A much larger number of soldiers with these symptoms were classified as 'malingerers' and sent back to the front-line. In some cases men committed suicide. Others broke down under the pressure and refused to obey the orders of their officers. Some responded to the pressures of shell shock by deserting. Sometimes soldiers who disobeyed orders got shot on the spot. In some cases, soldiers were court-martialed."<sup>11</sup>

Official figures estimate that over 304 British soldiers were court-martialed and summarily executed. One common source of punishment for shirkers, known as "Field Punishment One", involved attaching the perpetrator to a fixed object, within the enemy's artillery range, for a prolonged period of time.

One war correspondent, Philip Gibbs, wrote the following: "I saw a Sergeant-Major convulsed like someone suffering from epilepsy. He was moaning horribly with blind terror in his eyes. He has to be strapped to a stretcher before he could be carried away. Soon afterwards I saw another soldier shading in every limb, his mouth slobbered, and two comrades could not hold him still. These badly shell-shocked boys clawed their mouths ceaselessly. Others sat in the field hospitals in a state of coma, dazed, as though deaf and dumb".<sup>12</sup>

Corporal Henry Gregory served with the 119 Machine Gun Company, his eyewitness account: "It was while I was in the Field Hospital that I saw the first case of shell-shock. The enemy opened fire about dinnertime, as usual, with his big guns. As soon as the first shell came over, the shell-shock case nearly went mad. He screamed and raved, and it took eight men to hold him down on the stretcher. With every shell he would go into a fit of screaming and fight to get away."<sup>13</sup>

Many described the witnessing of the shell-shock victims as heartbreaking to watch, the terror as indescribable. The flesh on their faces shakes in fear, and their teeth continually chatter. The condition was brought about in several ways, almost identical to those described during the Civil War: loss of sleep, feeling of vulnerability under artillery attack, constant torment of lice, sporadic meals, and the constant thought that the next moment would be his last. This War was described as "trench" warfare, both sides hunkered down in trenches. Desolate fields (wasteland, known as "no man's land"), decorated by barbed wire, separated the two sides. The combatants were under constant artillery bombardment, and could not raise their head above the trench for fear that an enemy sniper would immediately shoot them. Hour upon hour, day after day, there was nothing to look forward to except the unit commander's order to rise from the trenches (the only seemingly secure spot on the battlefield) and attack the enemy. This was done by fully exposing themselves over the course of a mile or more of barbed wired wasteland, attacking an

enemy fully entrenched. The result was usually that of slaughter. Obviously this prompted the enormous numbers of shell shock victims, frightened to the point of insanity.

During the early months of the war British doctors began recognizing the victims of "shell shock." They were able to identify the symptoms; tiredness, irritability, giddiness, lack of concentration, and frequent and severe headaches. Many of these men fell victim to mental breakdowns rendering them useless for return to the battlefield. Some doctors concluded the disorder was caused by exposure to heavy artillery fire. These doctors argued that as the shell exploded it caused a vacuum, which in turn forced air into this vacuum, which disturbs the cerebro-spinal fluid, and this would upset the working of the brain. The doctors then prescribed the only cure, to divert the men away from the front lines, to the rear, for complete rest. The officers were actually sent home. The enlisted men received much less sympathy. They were viewed as cowards, refusing to fight, and the term shell shock was viewed by the Generals of the day as sheer nonsense. It was later determined that this (evacuating to the rear) resulted in the men refusing to return to the battle under any circumstances. By WWII these victims were treated at or near the front lines and sent back into battle when and if possible.

"By 1942, 58 percent of all Veterans hospital patients were World War I "shell shock" cases. The official terms used for war induced stress disorders were now "neurasthenia," "shell shock," and "war neuroses." Unfortunately, tolerance and understanding of these wounds in the medical and military communities did not increase appreciably. Soldiers who were psychologically unable to contribute in battle were shot for cowardice, court-martialed or, in some units, tied to the barb wire lines that protected the trenches. The more unfortunate of the suffering soldiers were sent to the rear for a short rest and then returned to the front lines."<sup>14</sup> The first comprehensive studies of combat stress disorders did not occur until the end of World War II.

## WORLD WAR II

"I didn't talk about the war much, I spent most of my life trying to forget it."<sup>15</sup>

Most veterans of the World War II era shoved their wartime experiences to the deepest crevices of their minds and sealed them off the best they could. They never could completely erase the memories but for most they did whatever it took to put it behind them and get on with their lives.

Tom Brokaw, in his recent book The Greatest Generation, states, "As a talkative kid, friendly to grown-ups, I heard lots of stories about their days during the Depression or their long-ago sports achievements or hunting and fishing lore, but I cannot recall any of the veterans sitting around telling war stories. It just wasn't done."<sup>16</sup> I can attest to the truth of this statement regarding my own father, and his older brother, Randy. Both were Marines, during the South Pacific campaigns of World War II.

My father was a Radio Gunner on an SBD Dauntless Dive bomber. Unless hard pressed, he never mentioned his war time experiences. Everything I know about this particular aircraft, and the various campaigns it was used in, I've read and researched on my own. Apparently, due to the lack of

surgical strike capability, pilots were forced to fly extremely low in order to ensure their bombs hit the targets, primarily ships, but also ground forces as well. Whole squadrons of these Dauntless Dive bombers were lost in various battles, as in the Battle of Midway, where the Dive bombers went down in history as the heroes of Midway. They sunk or put out of commission all four Japanese Aircraft Carriers. These planes were virtually riddled with bullet holes, from ship mounted machine guns, at the conclusion of nearly every bombing mission. The life expectancy of these pilots and tail gunners was extremely low. I noticed in my father's flight logbook that he flew with several different pilots, which was very unusual. Generally, the pilot and tail gunner flew together as a team throughout the war, for the purposes of unity and cohesion. However, it was also noted, that the pilot would teach the tail gunner to fly the plane (there were controls in the rear as well as the front) in case something happened to the pilot and the gunner had to land the plane. My theory here is, perhaps several of the pilots were killed during the various campaigns.

In any event, my father was in the South Pacific for three years. There is no telling the carnage, killing, and other devastation he participated in and witnessed. He was 17 years old when he arrived at his first duty station. This had to have a lifelong effect on such a young, impressionable soul. I can remember how I hated when my mother would ask me to wake my father from sleep in the morning. My mother was the only person that could wake my father without startling him. When anyone else attempted this feat my father would jump up in a rage, totally startled, seemingly lost in another time or place. Then he would get angry with me (or whoever was trying to wake him) for "messing" with him. There was never any doubt that my father loved his family very much, but I would have to conclude he was somewhat emotionally detached and throughout his life possessed a voracious temper, both critical signs of what doctors now call Post-Traumatic Stress Disorder.

My Uncle, Randy, was an Infantryman and participated in the Battle of Iwo Jima. His wife told me he was at the bottom of Mt. Surabachi, looking up, when the flag was raised by the four Marines, after winning that portion of the battle. He too never spoke of his experiences (that I am aware of), except to constantly reiterate his love for the Marine Corps; we spent a lot of time with my Uncle and his family.

Age was a factor in the long-term psychological effects of combat, Tom Brokaw writes: "I do remember one startling comment, however. It came from Gordon Larsen, a popular member of our community. He was a stocky, cheerful young man who worked on a crew that kept the electrical, heating, and plumbing systems going in town. He had such a lively sense of humor that it was almost worth it to have your furnace break down. Gordon always kept up a lively chatter while he worked on it.

So it was surprising that the morning after Halloween he came into the post office, where my mother worked, and complained about the rowdiness of the high school teenagers the night before. My mother, trying to play to his good humor, said, 'Oh, Gordon, what were you doing when you were seventeen?'

He looked at her for a moment and said, 'I was landing on Guadalcanal.' Then he turned and left the post office."<sup>17</sup>

Gordon Larsen quit high school at 17, joined the Marines, and was sent to the South Pacific where he participated in some of the heaviest fighting in campaigns such as Guadalcanal, Bougainville, Guam, and Okinawa. He served with his older brother at Bougainville, where his brother was hit by enemy fire. Gordon witnessed this and could do nothing but wait for nightfall when he and others would attempt to evacuate his brother for medical assistance; enemy snipers had his brother in sight. By nightfall too much damage had been done and his brother died two weeks later.

This story was told to Tom Brokaw: "As he told me this story, unprompted, on a telephone call across forty-five years, Gordon's voice grew husky and more distant. 'I haven't' –he hesitated and then went on –'I haven't talked about this, hardly ever.'

He said he still has nightmares about his days in combat, and when I knew him, in the early fifties, when the memories were especially fresh, he said he thought about it all of the time, even when he was entertaining us while fixing our furnace.

There were no psychiatrists in our small community for him to see, even if he had been inclined, which he wasn't. 'I just wanted to forget,' he said, 'I just wanted to get on with my life.' Gordon said when he went into a bar in those days and heard guys talking about combat, it made him sick, so sick he'd just walk out rather than stick around and share the painful memories. Besides, he always figured those who were willing to talk about combat had never really experienced it."<sup>18</sup>

There had been 240 young men in Gordon's outfit when he left his training post in San Diego three years earlier. Only eight returned alive or uninjured. Gordon says he's never been in touch with any of them. He doesn't want to revisit those days. Apparently, my father felt the same way; he never showed any interest in attending his unit's yearly Marine Corps reunions.

The term used by the medical profession of the day, for Soldiers afflicted with psychological disorders caused by combat, was "Combat Exhaustion". This phenomenon has been defined as "The disorganization of the cohesive forces constituting the normal individual, produced by the stress of war, and resulting in an ineffective combat soldier. The incidence and severity of the condition are influenced by the social and psychological background of the individual, and his military training and experiences, combined with the effects of fatigue, hunger, fear, and environment."<sup>19</sup>

Combat Exhaustion usually occurred among two distinct periods of combat. First, it appeared among troops, fresh to the combat zone. "It usually occurred right before actual entry into combat or during the first five days of combat. The incidence of this type was particularly high among infantry replacements who had not been thoroughly trained for their assigned tasks and who were not integrated into their unit or indoctrinated with the spirit of the unit prior to the time that they participated in actual combat."<sup>20</sup> Second, combat exhaustion tended to occur in those individuals experienced in combat, those who faced prolonged and constant fighting. It usually surfaced at about the fourth month, with irritability being the first sign. Next, a loss of interest, then decreased efficiency and carelessness as to the individual's personal safety. These particular cases of combat exhaustion were not as common as the replacements, however, once the veterans were afflicted fewer could be returned to combat. In addition,

studies show that individuals who have been wounded and returned to battle are particularly vulnerable to the disorder occurring again. Finally, as stated in previous wars, many cases of the affliction have resulted from either artillery shelling or aerial bombardments, even if the bombing was of short duration.

Another factor in the increased incidence of combat exhaustion which occurred during the intensive action resulting in the breakout from the Normandy beachhead was that the combat units which made the assault landings had burned out due to continuous fighting with little results. They had not achieved the expansion of the beachhead they had expected in relation to the time expended. Many of the better soldiers began to succumb to mental and physical exhaustion, some resorted to alternate means of escape, i.e., self-inflicted wounds.

"Conversely, after the breakout from the beachhead and during the pursuit of the enemy across Northern France, there was a noticeable drop in the incidence of combat exhaustion. This is attributed to the rise in morale incident to the victory, the excitement of the chase and the preoccupation of the troops with the move across France. The limited movement had been replaced with feverish activity, the fighting had decreased in intensity, the troops could see the result of their efforts and there was a feeling that the war would soon be over."<sup>21</sup>

When the advance of the Allied Forces was suspended in the vicinity of the German border, morale took a turn for the worse. Intense fighting once again ensued, summer warmth turned to winter cold, and many of the troops began hearing stories of the pilots returning home for Rest and Relaxation (R&R) after bombing missions. This combination of maladies only encouraged the infantry soldiers to once again seek alternative means to leave the battlefield.

The medical department realized that there was likely to be an increase in the incidence of combat exhaustion. The difficulty for the medical profession, considering the circumstances in this scenario, was to determine the difference between mild combat exhaustion and malingering. There were no statistics available but it was commonly believed that many soldiers took advantage of the combat exhaustion "ticket" from the front.

Throughout WWII only one American was actually executed for desertion. His name was Private Edward Slovik. Although many soldiers deserted, the usual sentence was imprisonment until the conclusion of the war. Private Slovik was apparently made an example to prevent others from desertion or faking combat exhaustion. It was determined later that the board of staff officers who voted unanimously to convict Private Slovik never thought the execution would actually come to fruition. His wife, and best friend were not informed of his execution, carried out by American soldiers, until eight years after the incident.

It was later emphasized by theater commanders that the prevention of the increasing incidences of combat exhaustion was a function of command. The importance of good leadership was stressed. "To this end, division commanders established training centers where replacements were concentrated in division rear areas and indoctrinated with the spirit of the unit and adequately trained in the tasks they were to perform, before they were sent into combat. In addition, a plan was put into effect whereby able

bodied men in rear areas were to be trained and sent into combat units as infantrymen, thus resolving a lot of the resentment held by the infantrymen who long felt they bore the burnt of the hardships of the war. However, due to the wide frontage covered by U.S. troops there was never devised a rotation plan to get those individuals out of combat over long sustained periods of fighting".<sup>22</sup>

Eventually the medical community realized that combat exhaustion, to a great extent, was preventable and that it was much easier to prevent the development of the condition than it was to treat it after the fact. The following represents the principles put into place in preventing further cases of combat exhaustion:

1. Good Leadership: This proved to be the most effective method for the prevention of combat exhaustion. Strong leadership at each level of command proved to be a strong determinate in decreasing the cases of the disorder throughout the remainder of the war in the European theater of operations.
2. Unit Spirit (esprit-de-corps): The individual soldiers must be inculcated with the spirit of the unit, a sense of belonging and a realization of self-importance to the cohesiveness of the group. A unit's history, prestige, traditions and symbols play a big part in making one proud to be a member. A sense of Esprit-de-corps, on top of solid unit leadership, results in an extremely low incidence rate of combat exhaustion.
3. Relief of Units from the Line: Short R&R breaks, away from the intense fighting, not only prevents physical and mental exhaustion but gives the individual soldiers a sense that the leadership is genuinely concerned about their well-being. Short breaks do wonders in promoting morale.
4. The Rotation of Individuals: After a period of 90 to 120 days of continuous combat, units should be rotated out to rear areas for extended periods of rest. As stated previously, four months is the benchmark, after that the incidence of combat exhausted begins to rise appreciably.
5. Screening: Personality scrutiny at induction centers can eliminate prodigious numbers of individuals unfit for military service due to intellectual, emotional, and physical limitations.
6. Maintain Discipline: This must be performed by the leadership from within, known as the discipline of persuasion, rather than the discipline of punishment, as was common in the days of von Clausewitz. "Discipline is known as the prompt, intelligent, willing, and cheerful obedience to the will of the leader. It is the cementing force that binds men together and ensures that after the leader has fallen and every semblance of authority has vanished it is the spirit of the military team. Units that had this type of discipline had a low incidence of combat exhaustion.

Treatment of patients afflicted with combat exhaustion was tenuous at best. As stated

previously, the medical community deemed treatment at the front as the ideal environment for combat exhaustion cases. Once the men were taken to the rear they became extremely difficult to treat and return to the front for combat. Hence, a great deal of emphasis was placed upon treatment in the forward areas.

In preliminary diagnosis patients would be prescribed the following: "a good drink of whiskey, hot drinks and warm food and perhaps a mild sedative, plus a few reassuring words from the battalion surgeon, followed by a few hours of sleep either in the battalion aid station or in the vicinity of the battalion command post frequently would suffice to restore the individual to full duty."<sup>23</sup> It was a matter for the battalion surgeon to determine whether the individual was malingering or a bonafide case of combat exhaustion. It was his job to ensure the malingerers did not get into medical channels of evacuation. In those cases where a shot of whiskey and a few hours sleep didn't work the battalion surgeon had no choice but to evacuate the individual to the rear through medical channels. The individual would go first to the Regimental Aid station, where the doctors may or may not be familiar with the individual and his particular circumstances, then to the division aid station, where the medical personnel would treat the individual as just another number. Finally, if nothing seemed to help, in rehabilitating the soldier for return to the battlefield, then the final stop would be the army medical installation.

Combat exhaustion cases would be segregated at the medical installation to avoid the "hospital" atmosphere. This was to encourage rapid rehabilitation and deter the patient from thinking he was suffering from a serious or incurable disease. It also served to preclude a spillover effect on the non-psychiatric patients.

If nothing else worked, the final stop was evacuation to a hospital in the Communications Zone. Once the patient was sent here, his mind was made up that he had a serious mental disorder, and treatment was very difficult. "The return rate to combat was only 75%. There are no reliable statistics to show what proportion of the total number of cases returned to duty were returned to front-line combat duty but of the 819 cases returned to duty from one general hospital which specialized in the treatment of neuropsychiatric conditions only eight and three tenths percent (8.3%) were returned to full combat duty."<sup>24</sup>

The medical community made great strides in diagnosing and treating psychological disorders, compared to previous wars. However, the greatest strides came with the incidents during and after the Vietnam War, later deemed Post Traumatic Stress Disorder (PTSD).

## **VIETNAM**

"Bob and Ted were best friends and Huey (UH-1 helicopter) flying partners in Vietnam. They flew people and supplies everywhere throughout their combat region, every day. They flew together for close to nine months and knew each other well. On one trip, resupplying a Special Forces camp, they were under heavy fire. Ted had the controls; he was focused on getting in and out as quickly as possible. It took a few seconds before he noticed the bullet hole in the windshield in front of Bob's face. Then he

realized Bob was slumped over in his seat. Bob had been shot through the head by a sniper. Ted landed the slick, jumped out and ran around to help Bob. He pulled Bob's helmet off, and the top of his head came off with it."<sup>25</sup>

Ted was able to complete his tour but developed a prodigious fear of flying. After his friend's death he never quite recovered. The memory of the accident plagued him, even upon his return to Fort Rucker from Vietnam. He dreamed incessantly of the terrible experience he had concerning his friend, Bob. "He would wake up screaming, holding Bob's bloody head and helmet in his hands. He started sleeping with the light on and some nights he would not sleep at all."<sup>26</sup>

Back at Fort Rucker (Army helicopter training school), Ted was an instructor pilot. At times, during combat simulation flights, Ted would experience flashbacks of he and Bob flying missions in Vietnam. These flashbacks caused his flying skills to deteriorate increasingly. He then began drinking and taking drugs to enable him to sleep at night. Initially, this helped to assuage the nightmares, however, the drugs and alcohol began to further affect his flying skills. Eventually he was given a medical discharge for his inability to control this abuse.

"Ted became increasingly withdrawn from his family and friends. He could not sleep more than an hour or two before the war nightmares threw him awake. He was desperate to numb the dark cloud that grew inside him. Within two years of returning from Vietnam, Ted committed suicide; a tragic end to a career officer's life that may not have occurred if he or those around him knew about Post-Traumatic Stress Disorder (PTSD)."<sup>27</sup>

"Post-Traumatic Stress Disorder first came into existence as an officially recognized psychiatric syndrome in 1980, when the American Psychiatric Association adopted it as a disorder contained in its third Diagnostic and Statistical Manual (DSM-III)."<sup>28</sup> The roots were derived from studies of previous wars, with terms, as stated above, like "Shell Shock" and "Combat Fatigue".

PTSD is defined as a behavior disorder caused by a psychologically distressing event, usually life threatening. The reason for the breadth of the definition is because it is not yet understood why PTSD occurs in some people and not in others. So far, doctors have not identified a single factor that might prompt an occurrence of PTSD in all people, given similar circumstances. "The President of the Society for Traumatic Stress Studies said in a paper titled 'Predicting Post-Traumatic Stress Studies Syndrome Among Vietnam Veterans' that the vast majority of combatants were ordinary, naïve, decent, youthful, innocent, and well-intentioned Americans doing what they thought they were supposed to do. Most likely, a person's propensity toward PTSD involves a number of factors, including psychological and physical health, heredity, ability to acknowledge and talk about feelings surrounding the event, along with the type, severity and duration of the triggering event."<sup>29</sup>

The difficulty in predicting who will be afflicted with PTSD is derived from the fact that a traumatic event will be interpreted differently by everyone, and how an individual interprets his particular trauma determines whether the stress disorder will come to fruition. This is highly subjective and extremely difficult for the medical community to call.

Although PTSD is difficult to screen for there has been tremendous progress made over the course of time in prevention and treatment. Prior to the onset of the Vietnam War, the American military had extensive experience in dealing with "combat fatigue" and the psychological effects of war. One of the adjustments made during Vietnam, to preclude the onset of psyche problems due to war, was to limit combat tours to one year (13 months for Marines). The services offered rest and recreation to alleviate the stress of combat, and provided immediate medical attention at the first signs of trouble. Men showing signs of fatigue were still treated at or near the front lines, and only those cases that were deemed untreatable were evacuated to the rear echelons or were "washed out" completely. "As a result, American troops had a very low incidence of psychiatric casualties: about 12 such cases per thousand men, as compared with 37 per thousand in the Korean War and 28-101 (depending on assignment) per thousand during World War II. Combat itself generated only a small number of these cases; boredom, loneliness, drug addiction (heroin dependency was common), and interpersonal conflicts experienced by rear-echelon troops seemed to account for most psychological problems. Researchers suggested that these lower rates were due to a number of factors: the intermittent nature of combat in Vietnam, the relative lack of sustained indirect fire (from artillery and aircraft), helicopter mobility (which allowed raids to be made from secure bases, at which material comforts were available), the screening of men at induction, a support troop:combat troop ratio of 7:1, the yearly rotation of troops, rest and recreation, an unprecedented high educational and training level in the soldiers, and the implementation of well-planned preventive psychiatric programs and network of mental health services."<sup>30</sup>

The aforementioned sounds rosy, however, an alternate study showed the following: by the late 1960s the psychological effects of those who served in combat began to surface. "Leading critics, Robert Jay Lifton and Chaim Shatan began to reinterpret what had been thought of as advantages (for instance, a limited one year tour of duty was seen as leading to a lack of unit cohesion and less resistance to psychological breakdown). They argued that Vietnam was worse than WWII in that soldiers were younger and less resilient, were subjected to guerrilla warfare, suffered from low morale due to a lack of public support back home, were haunted by guilt because of widespread commission of atrocities in the war zone, and further traumatized upon their return home when they were abused by antiwar demonstrators."<sup>31</sup> In addition, the return home was done by commercial air, allowing no time for reflection, or cooling down. In other words, they went from a combat zone directly to the suburbs within 24 hours and were expected to assimilate easily. In contrast, WWII vets came home as cohesive units on ships, which took anywhere from 3 to 6 weeks to voyage across the ocean, giving the men time to unwind and transition.

As stated earlier, it's very difficult to determine who will be affected by traumatic events and who will not. "An underappreciated fact concerning Vietnam veterans is the extent to which these people, including those who suffered terribly, believe that they have been strengthened by the experience. Senator John McCain, who was a Prisoner of War (POW) in Vietnam for five years and brutally tortured by his captors, commented: 'I don't recommend the treatment, but I know that I'm a better person for

having experienced it.' To be subjected to a severe ordeal of this nature and magnitude, and to come through the trial alive, can give a person a sense of inner strength, self-reliance, and compassion for others." <sup>32</sup> Senator McCain's feelings are reiterated in studies of other Vietnam POWs. Many have stated that they benefited from their experience in that they were now more patient and optimistic, had more insight into themselves, got along better with others, and were better able to "not sweat the small stuff".

The converse of this is the fact that the media has tended to offer many Vietnam veterans an outlet for blame when their life does not turn out as well as they'd hoped. For example, my brother was a Marine during Vietnam. He was one of the lucky ones, in that he came home alive and healthy. His job was to guard the perimeter of the camp at night. He could see firefights down below his position at night, however was never actively engaged, nor was his buddy. Both he and his buddy returned home during the same time period. My brother's buddy tends to blame Vietnam for his divorce and the mediocre life he has lived since his time in Vietnam. The point here is traumatic events can make individuals tougher and stronger or the event can offer them excuses when things don't go their way.

In line with this dichotomy is the fact that the medical community can't agree on the conceptual paradigms in describing and studying the phenomenon of PTSD. "Approaches vary widely from the 'biological' (PTSD as resulting from structural changes in the nervous system), the 'cognitive' (problem as one of information processing), 'behavioralist' (focus on conditioned responses), 'psychoanalytic' (internal conflict between self and society), and 'developmental' (interaction between war stress and early adult development)." <sup>33</sup> As one would imagine, ideas of appropriate treatment for PTSD are quite diverse. Basically, the long-term treatment plan for those suffering from the disorder are handled on a case by case basis.

Over the course of time, since the Civil War, the soldier's ability to inflict damage to his enemies has increased exponentially. However, the human side of the soldier has changed little over the past two hundred years. We have evolved no mechanisms, biological or psychological, to withstand the killing and maiming effects of weaponry; nor is there any evidence that we are any more able to withstand the psychological impact that war has always had upon soldiers. The weaponry has changed significantly, however, the soldiers have remained the same.

## CONCLUSION

This paper has addressed the psychological effects of combat through several wars, beginning with the Civil War and ending with the Vietnam conflict. Although the diagnosis and treatment of the psychological casualties has made impressive strides over the course of time there is really no way to describe, verbally or by writ, the true dynamics of the psychological breakdown experienced by men in battle, nor the perpetual terror the victim endures. What the paper has shown is that battle takes an individual of sound mind and in a matter of minutes, depending on the horror of the circumstances, transforms him into a victim whose utter terror transcends anything most people could possibly fathom.

Nations generally measure the cost of war in terms of dollars, lost production, or numbers of men and women killed. Rarely do the After Action Reports consider the intangibles, the cost of human suffering and long term therapy programs necessary to assimilate many veterans back into the societal stream. The hard fact is that psychological breakdown, resulting from battle, is one of the most costly items of war.

As discussed, a combatant suffering from fatigue is mentally and physically exhausted. After prolonged periods of heightened physiological and emotional swings the physical exhaustion begins to erode his mental strength. The combatant's ability to perform rudimentary motor activities becomes difficult if not impossible. If available, alcohol, drugs, or tobacco will be ingested excessively. Eventually, he will lose interest in all activities with his cohorts and will seek to avoid any type of activity or responsibility requiring effort. Furthermore, swings of emotion with ensue. Finally, somatic symptoms such as sweating, palpitations, and a flush skin color will develop. If left engaged in battle severe psychiatric disorders will begin to surface, which may prove irreversible.

Fortunately, during World War II the medical community realized that combat exhaustion, in large part, is preventable, if the following principles are adhered to: Good leadership; esprit-de-corps; relief of units from the line (rest away from the lines of combat); rotation of combatants (generally after 90-120 days of sustained combat); screening (personal scrutiny at induction centers); and maintaining discipline (that of persuasion, rather than the discipline of punishment). Adherence to these principles has proven most effective in reducing the incidents of psychiatric casualties.

During Vietnam it was determined that limiting combat tours to one year greatly reduced the number of psychiatric casualties. Furthermore, the services offered rest and recreation to alleviate the stress of combat, and provided immediate medical attention at the first signs of trouble. Men showing signs of fatigue were still treated at or near the front lines (as was proven to be the most effective area for treatment during World War II, in order to return the combatants to the front as expeditiously as possible), and only those cases that were deemed untreatable were evacuated to the rear echelons or were "washed out" completely. As a result, American troops had a very low incidence of psychiatric casualties: about 12 such cases per thousand men, as compared to 37 per thousand in the Korean War and 28-101 per thousand (depending on assignment) during World War II.

In essence, weakness or cowardice is not the main determinate in whether a combatant will fold under the strains of battle. Rather, it is the conduct of war that finally breaks the gallant warrior and sends him reeling into the abyss of the psychiatric realm. As stated, there are numerous principles in place to prevent the combatant from becoming another psychiatric casualty and they have proven quite effective. But considering the alacrity and range of hi-tech weaponry available and in use in the 21<sup>st</sup> century the problem of psychiatric casualties will most likely continue to challenge the medical community and prompt them to look into creative alternatives in prevention and treatment of this prolific problem.



## ENDNOTES

<sup>1</sup> Eric T. Dean, Jr., Shook Over Hell, Post-Traumatic Stress, Vietnam, and the Civil War (Cambridge, Massachusetts/London, England: Harvard University Press, 1997), 114.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Robert Saperstein and Dana Saperstein, "The Emotional Wounds of War," Military Review, (January 1992), 55.

<sup>5</sup> Dean.116.

<sup>6</sup> Ibid. 49.

<sup>7</sup> Ibid. 54.

<sup>8</sup> Ibid. 66.

<sup>9</sup> Ibid. 122.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Saperstein, 56.

<sup>15</sup> Tom Brokaw, The Greatest Generation (New York, Random House, 1998), 69.

<sup>16</sup> Ibid. 72.

<sup>17</sup> Ibid. 71.

<sup>18</sup> Ibid. 72

<sup>19</sup> "Combat Exhaustion." U.S. Army forces in the European Theater, General Board. Study Number 91 (7 August 1945).

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Saperstein, 54.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Dean. 200.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid. 40.

<sup>31</sup> Ibid. 41.

<sup>32</sup> Ibid. 214.

<sup>33</sup> Ibid.

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